Crossroads Baptist School

Waiver and Emergency Consent Form

Student Information

Student Name_____ SSN:_____

Student Address_____ PH#_____

_____ Date of Birth_____

Age:_____ Grade_____ Sex: Male Female

Allergies or Medications Taken:_____

Parent Information

Father:_____ Place of Employment:_____

Address:_____

PH#:(H)_____ (WK):_____

Mother:_____ Place of Employment:_____

Address_____

PH#:(H)_____ (WK):_____

CLOSEST RELATIVE TO CONTACT IN CASE OF EMERGENCY:

Name:_____ PH#(H)_____(WK)_____

Name:_____ PH#(H)_____(WK)_____

Insurance Information:

Company:_____ Policy Holder:_____

Policy Number:_____

WAIVER AND CONSENT FOR PARTICIPATION

I hereby give my consent for the above student to represent his or her school in the athletic activities offered at Crossroads Baptist School. I understand that the student must have a pre-participation medical examination in order to participate in athletics. I understand that the pre-participation medical examination is only a screening examination, and is not intended to identify all problems that could result in sudden death during exercise. I give my consent for the student to accompany the school team on local or out of town trips. I give my consent for school personnel to call for assistance and/or take my child to a doctor/emergency room if treatment appears to be in order. In the event that I cannot be notified of the injury to give parental consent, I authorize the school personnel to sign necessary consent forms so that my child can receive medical treatment. I have read and understood the Crossroads Baptist School athletic department's policy on insurance. I also understand that I am responsible for all medical bills which arise from injury to my child.

I understand the possibility of injury occurs with all athletic activities offered by Crossroads Baptist School. I understand that the parents and the student assume the risk of injury when they are executing this form. However, in the event physicians, certified athletic trainers, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render first aid to any student/athlete during the course of any activities or travel, then I do hereby release and discharge such persons and Crossroads Baptist School from any liability arising out of any first aid or immediate treatment on injuries.

Parent/Guardian Signature:_____ Date_____

Student Signature:_____ Date_____